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PTO/SB/51 (02-01)

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PETITIONS OFFICE

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

01-10-1769

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed

in patent number 5,971,751, granted 10/26/99, and for which areissue patent is sought on the invention entitled Safety Apparatus of a PiezoelectricLighter

the specification of which

☐ is attached hereto.☒ was filed on 10/26/01 as reissue application number 10 / 039,578
and was amended on 10/26/01
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

Broadening of Claims: the applicant brings this reissue application by reason of the patentee claiming less than he had the right to claim in the patent. The applicant has added new claims 7 and 8 in order to better describe the invention as disclosed in Figs. 2-4 and Columns 3, 1n 35 to Column 5, 1n 8 of the specification.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

01-10-1769

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) Registration Number

R. Joseph Trojan 34,264

R Roy A. Kim 51,883

Jessica J. Slusser 50,890

Correspondence Address: Direct all communications about the application to:

☒ Customer Number

23388

Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	TROJAN LAW OFFICES				
Address	9250 Wilshire Blvd., Suite 325				
Address					
City	Beverly Hills	State	CA	Zip	90212
Country	USA				
Telephone	310-777-8399	Fax	310-777-8348		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name)					
LEE, Thomas Ping Hua					
Inventor's signature			Date		
Unavailable					
Residence (last known)			Citizenship		
128 Brent Circle, Industry, CA 91789			UNKNOWN		
Mailing Address					
Full name of second joint inventor (given name, family name) Assignee					
Felix Hon, President Calico Brands, Inc.					
Inventor's signature			Date		
			5-12-03		
Residence			Citizenship		
2055 South Haven St, Ontario, CA 91761			USA		
Mailing Address					
Full name of third joint inventor (given name, family name)					
Inventor's signature			Date		
Residence			Citizenship		
Mailing Address					
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.					